MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00576

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) July 12, 49 - Jan 2 50; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reading; STREET ADDRESS (If rural, give location) 148 West Douglas St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	VERNA	ANTHONY	JAN.	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sept. 18, 1893	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Operator and Receptionist	Price Battery Corp.	Harrisburg, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. John D. Baker	Ada Rebecca Bricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		?	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Insanitis	Two mos
170 Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Lungs	9 mos ?
	(c) Carcinoma of the Breast (L&P)	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A Stare	M.D.	Takoma Park Md.	1/2/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 5 1950	Harbor Evans Cemetery	Reading	Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/2/50.	J. Allan Dodd	J. Arthur Walters,	254 Carroll St. NW D.C.

VS. A15

242-35

RECEIVED
JAN 4 1950
BUREAU V. S.

00577

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 222 Montgomery Ave

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) B (Last) Ashford
4. DATE OF DEATH (Month) 1 (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH August 8, 1897
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Goldenburg Dept Store
10b. KIND OF BUSINESS OR INDUSTRY Artist
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? amer.
13. FATHER'S NAME Edward Ashford
14. MOTHER'S MAIDEN NAME Alice Barton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	ONE YEAR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PREMATURE ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
	(c) CORONARY SCLEROSIS	8 YEARS

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 8, 1948, to JAN. 16, 1950, that I last saw the deceased alive on JAN. 15, 1950, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE Gordon S. Rosenberger (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 1/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/18/50
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 1-16-50
REGISTRAR'S SIGNATURE Helen Burrack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

V0063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

3

I

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06575

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

218 Granville Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)

Street No. 218 Granville Drive (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles Warfield Asquith

3.(b) Social Security Number 577-20-2108A

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Leonora Robinson Asquith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 26, 1871

8. AGE: Years	Months	Days	If less than one day
78	5	1	..... hrs. ..... min.

9. Birthplace Luray, Virginia (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Wood & Coal

FATHER 12. Name Archie H. Asquith

13. Birthplace W. Va.

MOTHER 14. Maiden name Mary Rutherford

15. Birthplace W. Va.

16. Informant Mr. Strother R. Asquith

Address 218 Granville Drive, Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30, 1950 (month) (day) (year)

Cemetery or crematory Edgehill Cemetery

Location CharlesTown, Jefferson Co., W. Va.

19. Funeral director Maxnex E. Dumphrey

Address 8434 Georgia Ave., Silver Spring, Md.

19. Jan 28 1950 (Date rec'd by registrar) Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 Jan. 1950, at 2:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946, to 26 Jan 1950

and that I last saw him alive on 26 Jan 1950

Immediate cause of death	DURATION
Pneumonia, Lobar	5 days
Frightful, Cause undetermined	
Due to	
Due to	
Other conditions Arteriosclerosis	?
430X Senility	3
108	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William D. Aud M.D. M. D. or other

Address Silver Spring, Md. Date signed 27 Jan 50

XXV2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00579

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
LENGTH OF STAY (In this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6925 McArthur Blvd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Autorback

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 21, 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months 11 — Days 2 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Auterbach

14. MOTHER'S MAIDEN NAME: Susan Bolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 578-42-4246

17. INFORMANT: Wm. M. Auterbach - brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Instant

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— died in bed

(c) ———

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Broccard M.D. Gaithersburg Md 1-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/29/50 — NAME OF CEMETERY OR CREMATORY: Herman Church Cemetery — LOCATION (City, town, or county) (State): Montgomery Co. Md.

DATE REC'D BY LOCAL REG.: 1-28-50 — REGISTRAR'S SIGNATURE: Helen Kurvach — 24. FUNERAL DIRECTOR — ADDRESS: Bethesda, Md.

VS-A15A

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wash Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) one year 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash D.C.
STREET ADDRESS (If rural, give location) 6953 Maple St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Mae (Last) Bailey
4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-20-1893
9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wash D C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George White
14. MOTHER'S MAIDEN NAME: Sally Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 2 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Primary Carcinoma of ovary with — 5 years

(c) metastasis to Adj Abd. & Lung.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to 1-5, 1950, that I last saw the deceased alive on 1-5, 1950, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. TAKOMA PARK. MD. JAN 6 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jany 9 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 1/6/50
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Neal Funeral Home ADDRESS 4813 Wash Blvd

RECEIVED
JAN 9 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0C581

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 112 Kennedy Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jerome	Fanning	Barnard	Jan.	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Married	7/27/1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney		Wash. D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Leech Barnard	Maude Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Mabel Barnard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Rectum	
154 Antecedent cause(s) 46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastases	18 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 2, 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. R. Huffman	M.D.	1912 R St	Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/5/50	Glenwood Cem.	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-2-50	Helen Kennark	S. H. Hines Co.	2901-15th St. N.W. Wash. D.C.

V2693

RECEIVED
JAN. 4 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00582

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Garland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 603 Garland Avenue

3. NAME OF DECEASED (Type or Print) (First) CARL (Middle) JOHNSTON (Last) BEARD
4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 8, 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Fireman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Du. Bois, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alonzo S. Beard
14. MOTHER'S MAIDEN NAME Susan C. Johnston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-Amer.
16. SOCIAL SECURITY NO. 578-05-3554
17. INFORMANT Mrs Naomi C. Beard - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Acute cardiac dilatation — 1 h.

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bladder atony - urine retention — 13 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronchart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-30-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF February 2, 1950
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REG. 1/30/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St NW Tak Park, D.C.

32447

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 1 1950
BUREAU V. R.

00583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 1527 Isherwood Street, NE

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Moorman	(Last) BELL	4. DATE OF DEATH	(Month) 1-25-50 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 1-9-97	9. AGE last birthday: 53 yrs.	If under 1 year: Months 0, Days 16; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired policeman	10b. KIND OF BUSINESS OR INDUSTRY: District	11. BIRTHPLACE (State or foreign country): Good, Bedford Cnty, Va.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Edwin Macgruder Bell	14. MOTHER'S MAIDEN NAME: Florence Callaway				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW1	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Wife: Nan Aiken Bell, same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 wks.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriolar nephrosclerosis	1 yr.
	(c) Hypertensive cardiovascular Disease	6 yrs

442

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 JAN, 1950, to 25 JAN, 1950, that I last saw the deceased alive on 25 JAN, 1950, and that death occurred at 340A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.R. Shanahan	J.R. Shanahan, LTJG, MC, USN	U. S. Naval Hospital, Bethesda, Md	1-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-30-50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-26-50	Elizabeth Willett	W.W. Chambers, 517 11th St SE, Washington, D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00584

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Llewellyn (Middle) (Last) Bishop

4. DATE OF DEATH: (Month) JAN. (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 20 79

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Archie Bishop

14. MOTHER'S MAIDEN NAME: Carolyn Hackell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Bertha Bishop (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Cerebral + Peripheral Embolism — Interval Between Onset and Death: 2 days

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Endocardial Thrombosis

(c) Cardio renal Disease & Hypertension — indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Inguinal Hernia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE X (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY X (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from Oct 19, 1949, to Jan 4, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Webley Sewell M.D. ADDRESS Norbeck, Md DATE SIGNED 1.5.50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 1-8-1950 | NAME OF CEMETERY OR CREMATORY Sandy Springs | LOCATION (City, town, or county) Sandy Springs (State) Md

DATE REC'D BY LOCAL REG. Jan 8-50 | REGISTRAR'S SIGNATURE Gertrude B Lawler | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville, Md

866VV

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06585

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home -107 Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 107 Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Clitus (Middle) Oliver (Last) Bourdeaux

4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 19 1852

9. AGE last birthday: 97 yrs. If under 1 year: Months 10 Days 27 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas D. Bourdeaux

14. MOTHER'S MAIDEN NAME: Laura Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Clitus O. Bourdeaux Jr. (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute circulatory failure — Interval between onset and death: 1 da.

096.9 Antecedent cause(s)

120 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus infection (intestinal)

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1949, to Jan. 16, 1950, that I last saw the deceased alive on Jan. 16, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Philip H. Varner, M. D., 7202 Conn. Ave. 1/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial-transit | DATE 1/20/50 | NAME OF CEMETERY OR CREMATORY: Lauderdale Cemetery | LOCATION (City, town, or county): Meridian (State): Mississippi

DATE REC'D BY LOCAL REG. 1-17-50 | REGISTRAR'S SIGNATURE: Helen Kurvach | 24. FUNERAL DIRECTOR: Robert A. Humphreys ADDRESS: Bethesda, Md.

006 V

RECEIVED
JAN 20 1950
BUREAU V. S.

00586

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 24 Columbia Ave.

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) (Last) Brereton

4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH June 25, 1861

9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gov't. Employee

10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't.

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William H. Brereton

14. MOTHER'S MAIDEN NAME Georgianna A. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.1

94a

INTERVAL BETWEEN ONSET AND DEATH: Found dead on floor of her home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 3, 1950

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 2/2/50

REGISTRAR'S SIGNATURE J. Hoffman Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

XUX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 8 1950
BUREAU V. S.

00587

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md
LENGTH OF STAY (in this place) 2 mo. 3 wk. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10 Parkside Rd.

3. NAME OF DECEASED (Type or Print) Mrs. (First) Hedwig (Middle) — (Last) Brook

4. DATE OF DEATH (Month) (Day) (Year) January 6 1950

5. SEX Fe
6. COLOR OR RACE Caue
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 4-1-79
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME Edward Rietz
14. MOTHER'S MAIDEN NAME Agnes Kunvenraich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Starvation (Malnutrition)	3 weeks.
154X	Antecedent cause(s)		
46d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Liver + Stomach.	3 years.
		(c) Carcinoma of Rectum	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1942, to 6 Jan, 1950, that I last saw the deceased alive on 5 Jan, 1950, and that death occurred at 12 50 p.m., from the causes and on the date stated above.

SIGNATURE G B Lullen M.D. (Degree or title) ADDRESS 112 Willow Ave. Takoma Park. Md DATE SIGNED 1-6-50.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE Jan. 7 1950
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Bladensburg Rd. Pr. Geo Co. Md.

DATE REC'D BY LOCAL REG. 1/6/50
REGISTRAR'S SIGNATURE J. Wilson Dodds
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW DC. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06588

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sani. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 22 Manor Circle

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	Hugh	Brown	1	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	single	Oct. 20, 1948	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Takoma Park Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hugh Brown
14. MOTHER'S MAIDEN NAME: Hazel Honeycutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: WILLIAM HUGH BROWN, 22 MANOR CIRCLE. TAK PK.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Anoxia	None
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sudden death under anesthesia	
	(c) Rt inguinal herniorrhaphy	

560.0
122a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-23-50	Right inguinal hernia	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Jan 16, 1950, to Jan 23, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 11:36 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lead Calvert	M.D.	7894 Ga. Ave., Silver Spring, Md.	1-23-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	JAN. 26, 1950	ST. STEPHENS CHURCH CEMETERY	~~ROCKVILLE~~, GOLD HILL	N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/25/50	[illegible]	J. ARTHUR WALTERS	254 CARROLL ST. N.W. TAKOMA PARK, D.C.

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06589

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookville MD. — LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookville, MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Jan. 31 (Day) (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: July. 1895 — 9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY: Domestic — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Brown — 14. MOTHER'S MAIDEN NAME: Hattie M C Abee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Amelia Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adenocarcinoma of uterus, with intra-abdominal metastasis	4-5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-Cardio-Vascular Disease	
	(c)	Unknown

174 / 480

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1949, to Jan. 31, 1950, that I last saw the deceased alive on Jan. 30, 1950, and that death occurred at 5 95 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Jack Schumacher M.D. — Gaithersburg, Md. — Jan. 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 3 1950 — NAME OF CEMETERY OR CREMATORY: Brook Grove MD — LOCATION (City, town, or county) (State): Laytonsville, MD

DATE REC'D BY LOCAL REG.: Feb 2-50 — REGISTRAR'S SIGNATURE: Gertrude B Fawler — 24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber Laytonsville, MD.

52086

VS. A15

RECEIVED
FEB 1 1950
BUREAU OF S.

00590

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R.R. #4

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year) January 16 1950

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1909
9. AGE last birthday 40 yrs. If under 1 year Months 5 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S. of N. Amer

13. FATHER'S NAME John Turner
14. MOTHER'S MAIDEN NAME Susie Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 72 hrs

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-13-50.
19b. MAJOR FINDINGS OF OPERATION Uterine myomata
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1950 to 1-16, 1950 that I last saw the deceased alive on 1-16, 1950, and that death occurred at 12:30 P 1-16-50 m., from the causes and on the date stated above.

SIGNATURE Francis Warren (Degree or title) MD. ADDRESS 2015-R St N.W. DATE SIGNED 1-17-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Jan 19, 1950
NAME OF CEMETERY OR CREMATORY Brooke Grove
LOCATION (City, town, or county) (State) Laytonsville Md.

DATE REC'D BY LOCAL REG. 1-17-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR R. L. Snowden, Rockville Md. ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OK as coded

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VS-A15

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RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00591

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural); LENGTH OF STAY (in this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Chas; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COBB ISLAND; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK; (Middle) CHEW; (Last) CHACE

4. DATE OF DEATH: (Month) JAN; (Day) 10; (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 30 May 1868

9. AGE last birthday: ~~82~~ 81 yrs. If under 1 year: Months 7; Days 10; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes

16. SOCIAL SECURITY NO. (If year, give war or dates of service) Span Am War

17. INFORMANT AND ADDRESS: Wife: Grace Chace, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 10 yrs.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Leukoplakia, bladder

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 DEC, 1949, to 10 JAN, 1950, that I last saw the deceased alive on January 10 50 and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C.H.F. BEACH, LTJG, MC ADDRESS U. S. Naval Hospital, Bethesda, Md. DATE SIGNED 1-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 1-13-50; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 1-12-50; REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS 517 11th SE WashDC

W.W.C.

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RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00592

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12,300 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10,509 Old Bladensburg Rd.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) LOUISE (Last) CLEMENTS

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 15, 1857

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin F. McGraw

14. MOTHER'S MAIDEN NAME: Julia Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. B. J. Hastings, granddaughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
421.4 Immediate cause	(a) Acute Cardiac dilatation	1/2 hr.
92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular heart disease	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Borchart M.D. Gaithersburg Md 1-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 24, 1950 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Jan 24, 1950 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 25 1950
BUREAU V. S.

00593

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dickerson Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Colbert
4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov.17,1873
9. AGE last birthday 76 yrs. If under 1 year Months 1 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Archibald A. Colbert
14. MOTHER'S MAIDEN NAME Sidney Kedmour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Dickerson Rest Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral Hemorrhage	4 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 1-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/17/50
NAME OF CEMETERY OR CREMATORY Sempers Manner Cemetery
LOCATION (City, town, or county) Harpers Ferry, Md. (State)

DATE REC'D BY LOCAL REG. 1-16-50
REGISTRAR'S SIGNATURE Helen Kurvnets
24. FUNERAL DIRECTOR Robert H. Pumphrey ADDRESS Bethesda, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 18 1950
BUREAU V. S.

00594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9632 Hawick Lane	STREET ADDRESS (If rural, give location): 9632 Hawick Lane

3. NAME OF DECEASED (Type or Print)	(First) Edmund	(Middle) B.	(Last) Coolidge	4. DATE OF DEATH	(Month) Jan. (Day) 21 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 2, 1879	9. AGE last birthday: 70 yrs.	If under 1 year: Months 6, Days 19; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: D.C.Govt.	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Edmund B. Coolidge	14. MOTHER'S MAIDEN NAME: Margaret E. Turner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT: Mrs. Margaret E. Coolidge-wife			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	24 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	8 years
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to Jan ....., 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: Bradley D Hodgkins MD (Degree or title) ADDRESS: 313 W Bradley Lane DATE SIGNED: Ch Cty Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/25/50	NAME OF CEMETERY OR CREMATORY: Rockville Union Cem.	LOCATION (City, town, or county): Rockville	(State) Md.
DATE REC'D BY LOCAL REG.: 1-21-50	REGISTRAR'S SIGNATURE: Helen Kurwack	24. FUNERAL DIRECTOR: Robert A. Humphrey	ADDRESS: Bethesda, Md.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JAN 25 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4316 28th Place ✓

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) — (Last) David

4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12-8-1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lawyer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mordecai David
14. MOTHER'S MAIDEN NAME Letitia Epstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT wife (from chart)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis originating from the body of Pancreas, with spread to liver and left lung causing atelectasis of left lung.

157

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46g

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1949, to 1-12, 1950, that I last saw the deceased alive on 1-12, 1950, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

SIGNATURE Dr. Joe K. Meade (Degree or title) M.D. ADDRESS Takoma Park 12 DATE SIGNED Md JAN 12 1950

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 1/15/50
NAME OF CEMETERY OR CREMATORY Wash. Hebrew Cong.
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 1/13/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Joseph Gawlers Sons, 1756 Penna. Ave. N.W. ADDRESS Wash D.C.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 16 1950
BUREAU V. S.

00596

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223--

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk Silver Spring
LENGTH OF STAY (In this place) just delivered
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 373 South Hampton Drive

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) girl (Last) Davis

4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 1-28-1950

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Woodie Raymond Davis

14. MOTHER'S MAIDEN NAME Oramae Haster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

761.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prolonged second stage of labor

160 C (c) Occiput posterior, breech delivery

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28, 1950 4:35 a.m., to 1/28, 1950 4:40 a.m., that I last saw the deceased alive on 1/28, 1950, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

SIGNATURE Charles R. Hughes, M.D. (Degree or title) ADDRESS 8237 Ga. Ave., S.S., Md. DATE SIGNED 28 Jan. 50.

23. BURIAL, CREMATION REMOVAL (Specify) Transportation & Burial DATE 1/31/50 NAME OF CEMETERY OR CREMATORY Pait Cemetery LOCATION (City, town, or county) (State) Bladensboro, Bladen Co. N. C.

DATE REC'D BY LOCAL REG. 1/29/50 REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00597

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellgrade; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellman; STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Loraine (Last) Hennison

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-23-49

9. AGE last birthday: yrs. | If under 1 year: Months 3 | Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert A. Hawes

14. MOTHER'S MAIDEN NAME: Charlotte L. Hennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Robt. A. Hawes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to suffocation — INTERVAL BETWEEN ONSET AND DEATH: Found dead in crib.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

924.0

1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Borchart	M.D.	Gaithersburg Md	1-10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/11/50	Mountain View	Purdum	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/11/50	Mrs. C. C. Hilton By Mrs. W.B.N.	Wm. B. Hilton	Barnesville Md.

9-0-9-23-9-00-0-00-R

XVX99

RECEIVED
JAN 16 1950
BUREAU V. S.

Evidence for change of birth date and age shown on:
FILM No. G 1 24 JAN 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURTONSVILLE; LENGTH OF STAY (In this place) 8 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MONTGOMERY COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURTONSVILLE
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) TALITHA (Middle) SOMMERS (Last) DILLMAN
4. DATE OF DEATH: (Month) JAN (Day) 16 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MAR. 17, 1867.
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WILMINGTON, DEL.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: HARVEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. GEORGE PULLEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 1 yr.
Antecedent cause(s) (b) Arteriosclerotic Cardiovascular disease — 10 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Left Breast — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 16, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. Warren MD Laurel Md 1/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: JAN 18, 1950
NAME OF CEMETERY OR CREMATORY: SILVERBROOK CEM.
LOCATION (City, town, or county) (State): WILMINGTON DEL.

DATE REC'D BY LOCAL REG.: Jan 17/50
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR (ADDRESS): J. Arthur Walters 254 Carroll St. N.W. Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

170
422.1
50

VS. A15

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00593

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 9d a. 19mth. 15 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 523 S. 24th St.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) F. (Last) Dillon

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): V

8. DATE OF BIRTH: 2-3-1858

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Morris

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Earl G. Dillon, 523 S. 24th St Arlington Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Interstitial Nephritis — Interval Between Onset and Death: 1 year

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Central Arterio Sclerosis — 4 years

131 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1950, to 1-12, 1950, that I last saw the deceased alive on 1-11, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M D ADDRESS Sandy Spring Md DATE SIGNED 1-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 13 1950 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Binghamton, New York.

DATE REC'D BY LOCAL REG. 1-12-50 — REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Neal Funeral Home. Wash. D.C. ADDRESS 4812 Georgia Ave —

RECEIVED
JAN 21 1950
BUREAU V. S.

00600

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roby (Middle) (Last) Dorsey
4. DATE OF DEATH (Month) January (Day) 26 (Year) 1950
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1890
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Damascus, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Adams Dorsey
14. MOTHER'S MAIDEN NAME Martha unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. none
17. INFORMANT Herbert S. Dorsey, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Found dead in home

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 29-50
NAME OF CEMETERY OR CREMATORY Friendship Church
LOCATION (City, town, or county) (State) Nr. Damascus, Md.
DATE REC'D BY LOCAL REG. Jan. 27, 1950
REGISTRAR'S SIGNATURE Della N. Burdette
24. FUNERAL DIRECTOR Olin L. Molesworth, ADDRESS Damascus, Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 30 1950
BUREAU V. S.

00601

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Bailey (Middle) Peyton (Last) Dudderar Jr
4. DATE OF DEATH (Month) Jan (Day) 28 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 8-20-1916
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Bailey P. Dudderar
14. MOTHER'S MAIDEN NAME Mary E Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-12-2082
17. INFORMANT Elizabeth Dudderar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824.5 Immediate cause (a) fracture of skull — 2 hrs

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Brookeville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Jan (Day) 28 (Year) '50 (Hour) 5 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-31-50
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) Sykesville, Md. (State)

DATE REC'D BY LOCAL REG. 1-30-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR C. H. Weer - Sykesville, Md. ADDRESS

2-2-50

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 6 1950
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00602

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville, Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jeanette	Edwards		Jan	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C.	Married	July 13, 1887	62 yrs.	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Spencerville, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Budd	Eliza Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	none	Adolphus Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
260X Immediate cause	(a) Coronary Occlusion	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	6 mos.
61	(c) Diabetes Mellitus	Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1948, to Jan 27, 1950, that I last saw the deceased alive on Jan 26, 1950, and that death occurred at 9:50 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Tyson M.D.		Sandy Spring Md	Jan 30 1950.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2-1-50	Arlington	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 31/50	Frances Potter	Robert L. Snowden	

RECEIVED
FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00603

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR ~~INSTITUTION~~ OR STREET ADDRESS 5606 WARWICK PL. CH. CH.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural, give location) 5606 WARWICK PL.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	LAURA	ESTABROOK	JAN	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FE	WH.	MARRIED	1-13-1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		WASHINGTON, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM THOMPSON GALLIHER	ANNIE LAURA McINTYRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		WM. ESTABROOK - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

430.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Borchart M.D	Gaithersburg Md	1-7-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-50	Cedar Hill	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-7-50	Helen Burdette	Jos. Gawler's Sons	1756 Pa. Ave. N.W.

D.C. 6

RECEIVED
JAN 11 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00604

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 613 Ritchie Ave

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) Westley (Last) Fling

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 12-10-1900
9. AGE last birthday: 49 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tavern manager
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse B. Fling
14. MOTHER'S MAIDEN NAME: Elizabeth Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular failure — terminal

332 X

Antecedent cause(s)

83 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 5 days

(c) Gastric hemorrhage — 3 days

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Gastric and oesophageal ulcer — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 18, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: Frank A Zack — (Degree or title): M.D. — ADDRESS: 8248 Ga. Ave Silver Spring Md — DATE SIGNED: 1-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 21, 1950 — NAME OF CEMETERY OR CREMATORY: Grace Episcopal Church Cem. — LOCATION (City, town, or county) (State): Woodside, Silver Spring, Md.

DATE REC'D BY LOCAL REG.: 1/21/50 — REGISTRAR'S SIGNATURE: J. Nelson Hodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey Inc — ADDRESS: Silver Spring, Md.

15671

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00605

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 112 Shepherd St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Funk

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 12 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months 0 Days 14 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patternmaker (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Westinghouse air brake

11. BIRTHPLACE (State or foreign country): Johnstown Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Funk

14. MOTHER'S MAIDEN NAME: Mary Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: 172-14-2232A

17. INFORMANT AND ADDRESS: son-in-law - Mr V. M. Symons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — **Immediate cause** (a): Cerebral hemorrhage — Interval between onset and death: 7 days

83a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Chr. generalized arteriosclerosis — 2 years

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1950, to Jan 26, 1950, that I last saw the deceased alive on Jan. 26, 1950, and that death occurred at 12 P m., from the causes and on the date stated above.

1-26-50

SIGNATURE: Emil G. Bauerfeind — (Degree or title) M.D. — ADDRESS: Bethesda Md. — DATE SIGNED: 1/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial-transit — DATE: 1/27/50 — NAME OF CEMETERY OR CREMATORY: Brush Creek — LOCATION (City, town, or county) (State): Westmoreland Co. Pa.

DATE REC'D BY LOCAL REG.: 1-26-50 — REGISTRAR'S SIGNATURE: Helen Murrach

24. FUNERAL DIRECTOR: Robert L. Pumphrey — ADDRESS: Bethesda, Md.

34437

RECEIVED
JAN 31 1950
BUREAU V. S.

20494

00606

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 10 days 20 hrs 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 14 Lawrence Ave.

3. NAME OF DECEASED (Type or Print) (First) Carlton (Middle) J. (Last) Gittings
4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 10th 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days 10 If under 24 hrs. Hours 20 Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brownsville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward L. Gittings
14. MOTHER'S MAIDEN NAME Anetta Shaney Boteler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-16-0127
17. INFORMANT Taken from Adm. Sheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Hypertensive cardio-vascular and renal disease. (a, cerebral hemorrage, b) myocardial infarction c) nephritis)

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) tumor of left thigh of undetermined etiology.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1949, to Jan 3, 1950, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE Mary Ni (Degree or title) M.D. ADDRESS Suburban Hospital, Bethesda, Md DATE SIGNED Jan 3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/5/50
NAME OF CEMETERY OR CREMATORY Brownsville Cemetery
LOCATION (City, town, or county) Washington Co. (State) Md.
DATE REC'D BY LOCAL REG. 1-5-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

60294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

00607

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): Haines Point Tourist Court.

3. NAME OF DECEASED (Type or Print)	(First) David	(Middle) Russell	(Last) GOMES	4. DATE OF DEATH	(Month) 1-15-50 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 1-13-50	9. AGE last birthday: 0 yrs.	If under 1 year: Months 0, Days 2; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Robert Gomes		14. MOTHER'S MAIDEN NAME: Eleanor Lillian Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Father: Robert Gomes, Same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumothorax left

560.4 Antecedent cause(s)

Bronchopleural Fistula

157g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Congenital Eventration Diaphragm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-14-50	19b. MAJOR FINDINGS OF OPERATION: Congenital Absence Diaphragm, left.	20. AUTOPSY? Yes XXXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1950, to 15 Jan, 1950, that I last saw the deceased alive on 15 Jan, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: P. Peterson, Capt. (MC), USN (Degree or title) — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 1-19-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1-18-50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 1-19-50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. Chambers, 1400 Chapin St, NW, Washington, D.C.	ADDRESS: D.C.

2-0-1-13-0-31-1-42-5

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00608

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland, COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9303 2nd Avenue

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Huntt (Last) GOTTWALS

4. DATE OF DEATH: (Month) JANUARY (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-6-00

9. AGE last birthday: 49 yrs. | If under 1 year: Months 2, Days 28 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commander CEC

10b. KIND OF BUSINESS OR INDUSTRY: U S Naval Reserve

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: David B. Gottwals

14. MOTHER'S MAIDEN NAME: Edith Huntt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWI&II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Genevieve M. Gottwals, same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Address INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction, Myocardium, cause	
420.1 Antecedent cause(s)	arteriosclerosis	3 hrs.
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 JAN, 1950, to 3 JAN, 1950, that I last saw the deceased alive on 3 JAN, 1950, and that death occurred at 3:15P m., from the causes and on the date stated above.

SIGNATURE: W.A. DINSMORE, LCDR, MC, USN (Degree or title) ADDRESS: U. S. Naval Hospital, Bethesda, Md. DATE SIGNED: 1-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan 6, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 1-4-50 | REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: S.H. HINES, 2901 14th St, NW, Washington, D.C. W.H.S. 60896

RECEIVED
JAN 5 1950
BUREAU V. S.

00669

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princeton Junction
STREET ADDRESS (If rural, give location) Grover Mill Road

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Harold (Last) Grayston
4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1950

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 10/25/99
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Schools
11. BIRTHPLACE (State or foreign country): Mich.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Patricia Grayston (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 1 hr.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank L. Bouchat M.D. Gaithersburg Md 1-11-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Jan 14 1950 NAME OF CEMETERY OR CREMATORY Lee Funeral Home LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1/11/50. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Lees Funeral Home 300-4th St NE Wash DC

15691

VS-A15A

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00610

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9626 Evelyn Sh.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9626 Evelyn Sh

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hazel	Michael	Hagan	Jan	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	5-28-1907	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Gov. Utility Com.
11. BIRTHPLACE (State or foreign country) Wash. D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Francis Hagan
14. MOTHER'S MAIDEN NAME Hannah Rivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 050-07-4684
17. INFORMANT wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L. Brockhurst	M.D.	Gaithersburg Md	1-2-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 4, 1950	Mt. Olivet Cemetery	Washington, D. C.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/3/50	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave., SS., Md.

VS. A15A

21093

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00611

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 6 da. 4 h. 25 mins; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NATHAN	Raymond	Hall	Jan	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	MARRIED	1-25-1889	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
FARM Sawyer		Barnsville Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathaniel Hall	Eliza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Margaret Louise Ines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
493 X Immediate cause	(a) Pneumonia, Etiology undetermined	12 days.
109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phlebothrombosis, Right leg.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Jan. 7, 1950, that I last saw the deceased alive on Jan. 7, 1950, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M.D.	Gaithersburg, Md.	Jan. 8, 1950

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	1/10/50	Church Cemetery	Centerville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 9-50	Gertrude B Lawler	R. L. Snowden	Rockville, Md

866 VV

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00612

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: 902 Gist Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; STREET ADDRESS (If rural, give location): 902 Gist Avenue

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Hamilton (Last)

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 9, 1908

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lithograph Operator; 10b. KIND OF BUSINESS OR INDUSTRY: Evening Star Newspaper

11. BIRTHPLACE (State or foreign country): Grantsville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hamilton

14. MOTHER'S MAIDEN NAME: Minnie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2

16. SOCIAL SECURITY NO.: 235-22-4696

17. INFORMANT: Mrs. E. Brooke Fetty, sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bouchat M.D. Gaithersburg Md 1-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 27, 1950 | NAME OF CEMETERY OR CREMATORY: Bethlehem Cemetery | LOCATION (City, town, or county) (State): Grantsville, Ritchie Co. Va.

DATE REC'D BY LOCAL REG.: Jan 26, 1950 | REGISTRAR'S SIGNATURE: Frances Fetty | 24. FUNERAL DIRECTOR: Warner E. Pumphrey | ADDRESS: Silver Spring, Md.

38214

RECEIVED
JAN 27 1950
BUREAU V. S.

00613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 37 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): Kennedy Warren

3. NAME OF DECEASED (Type or Print) (First): Hoover (Middle): Henry (Last): Hanger

4. DATE OF DEATH (Month): January (Day): 30 (Year): 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 17, 1884
9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Churchville, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hanger
14. MOTHER'S MAIDEN NAME: Nora McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Coronary Heart Disease

Antecedent cause(s) Arteriosclerotic Heart Disease — years

137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Parkinsonism

(c) Terminal pneumonia — days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 27, 1950
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy with Suprapubic prostatectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1949, to Jan. 30, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 1145 P.m., from the causes and on the date stated above.

SIGNATURE: DeVoe K. Meade (Degree or title) M.D. — ADDRESS: Takoma Park 12, Md. — DATE SIGNED: 1-30-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 2/2/50 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cem. — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 1/30/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Joseph Gaulers Sons — ADDRESS: 1756 Pa. Ave. N.W. Wash. D.C.

15644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00614

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3209 Cummings Lane

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: King
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seattle
STREET ADDRESS (If rural, give location): 1617 Federal Avenue

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Graves (Last) Harris

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 24, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 7 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Chapman Graves

14. MOTHER'S MAIDEN NAME: Hannah Pitman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: (daughter) Mrs. E.E. Spence 3209 Cummings Lane, Chevy Chase, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cardio respiratory Collapse	1 hour
151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b (b)	Carcinoma, stomach	8 months
(c)	—	—

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 12, 1949, to Jan. 12, 1950, that I last saw the deceased alive on Jan. 11, 1950, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE: Cornelius P. Rey, (Degree or title) M.D. ADDRESS: 1532 16th St., N.W., Washington, D.C. DATE SIGNED: 1-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE: 1/14/49 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory | LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 1-13-50 | REGISTRAR'S SIGNATURE: Helen Kurnack. | 24. FUNERAL DIRECTOR: Robert E. Pumphrey ADDRESS: Bethesda, Md.

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JAN 16 1950
BUREAU V. S.

00968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21/4

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Viers Mill Village
LENGTH OF STAY (In this place) 6 mons
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Viers Mill Village-Silver Spring
STREET ADDRESS (If rural, give location) 11502 Talewood Rd.

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) (Last) Henry

4. DATE OF DEATH (Month) January (Day) 16 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) New born

8. DATE OF BIRTH January 15, 50

9. AGE last birthday New born yrs. If under 1 year Months 0 Days 0 If under 24 hrs. Hours 1 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) New born

10b. KIND OF BUSINESS OR INDUSTRY New born

11. BIRTHPLACE (State or foreign country) Silver Spring, Md.

12. CITIZEN OF WHAT COUNTRY? U.S. of N. Amer.

13. FATHER'S NAME Floyd Linwood Henry

14. MOTHER'S MAIDEN NAME Frances Adelaide Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. New born

17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PREMATURITY	
776X Antecedent cause(s) 159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1950, to Jan. 16, 1950, that I last saw the deceased alive on Jan. 16, 1950, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Marshall Cunvillier Jr. MD. 4012 Sampson Road. Silver Spring, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/11/50	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG. May 12 1950

REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Robert L. Dumphrey ADDRESS Bethesda, Md.

1-0-1-15-0-24-3-15-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00615

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1434 Jonquil Street,

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) (n) (Last) HODGKIN

4. DATE OF DEATH: (Month) 1-15-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-1-95

9. AGE last birthday: 54 yrs. If under 1 year: Months 4, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Hodgkins

14. MOTHER'S MAIDEN NAME: Frances Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Elizabeth Hodgkin, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) MASSIVE CEREBRAL HEMORRHAGE WITH RUPTURE INTO VENTRICLES	24 hrs.
131 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-RENAL-VASCULAR DISEASE	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 JAN, 1950 to 15 JAN, 1950 that I last saw the deceased alive on 15 JAN, 1950 and that death occurred at 7:20P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wade H. Bonwell
W.H. BOSWELL, LT, MC, USN

ADDRESS: U. S. Naval Hospital, Bethesda, Md.

DATE SIGNED: 18 Jan 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 1-16-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 18 Jan 1950

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: S.H.HINES, 2901 14th St, NW, Washington, D.C.

W.A.S. 2760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

00616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6632-Hillandale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6632-Hillandale Rd. APT 2

3. NAME OF DECEASED (Type or Print) (First) Pamela (Middle) Louise (Last) Hoffman

4. DATE OF DEATH (Month) JAN (Day) 30 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Sept 24, 1946
9. AGE last birthday 3 yrs. If under 1 year Months 4 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Douglas Hoffman
14. MOTHER'S MAIDEN NAME Phyllis Chase Steover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT [signature]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X Immediate cause (a) Cardiac Failure

Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lipoid nephrosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: ✓ 5 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ✓ 9-10, 1949, to 1-30, 1950, that I last saw the deceased alive on 1-30, 1950, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John H McLeod - 4105 - Wisc. Ave. N.W. 1-30-50.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL
DATE 2-2-50
NAME OF CEMETERY OR CREMATORY Arlington Natl. Cem.
LOCATION (City, town, or county) Arlington (State) VA

DATE REC'D BY LOCAL REG. 1-30-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901-14th St NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00617

CERTIFICATE OF DEATH

Reg. Dist. No. 21H

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 21 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8717 Second Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8717 Second Ave

3. NAME OF DECEASED (Type or Print): (First) LULU (Middle) MIRANDA (Last) HOIBY

4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: MAR. 15, 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAS. D. WYMAN

14. MOTHER'S MAIDEN NAME: CAROLINE SHOMATE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS. V.J. HAYWORTH 8717 SECOND AV. SILVER SPRING MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE CONGESTIVE FAILURE, CARDIAC	3 DAYS
Antecedent cause(s)		
420.1 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIO-SCLEROSIS GENERAL	15 YEARS
	(c) CORONARY ATHEROSCLEROSIS	15 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 9:22 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry Zahner M.D. 1821 Que St NW Wash D.C.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Jan. 18, 1950; NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery; LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. 1/18/50; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00618

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9200 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6313 Maple Ave.

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) (NMI) (Last) HOOD

4. DATE OF DEATH (Month) Jan. (Day) 21 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 23, 1885

9. AGE last birthday 64 yrs. If under 1 year: Months 10 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Eng. Retired

10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.

11. BIRTHPLACE (State or foreign country) Louisville, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lewis Hood

14. MOTHER'S MAIDEN NAME Jane Kuper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs Edith W. Hood (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Exhaustion Emaciation	10 days
Antecedent cause(s)	(b) Carcinoma of Esophagus with	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) metastasis —	3+ mo.

150X 460

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19 Nov. 49

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus with Metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Dec., 1949, to 21 Jan, 1950, that I last saw the deceased alive on 20 Jan, 1950, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edw. McInerney M.D. ADDRESS 5522 Western Ave, Chev. Ch. DATE SIGNED 21 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit

DATE 1/24/50

NAME OF CEMETERY OR CREMATORY Highland Cemetery

LOCATION (City, town, or county) (State) Covington, Kentucky

DATE REC'D BY LOCAL REG. 1-23-50

REGISTRAR'S SIGNATURE Helen Kurvacka.

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

4/6 97

RECEIVED
JAN. 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00619

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 1/2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

Street No. 1810 August Drive (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Ann Hopkins

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widows

6.(b) Name of husband or wife: John H.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 15, ~~1865~~ 1862

8. AGE: Years: 87 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Alex. Va (Town, county, and state)

10. Usual occupation: Nomen

11. Industry or business

FATHER
12. Name: John Holden
13. Birthplace: Ireland

MOTHER
14. Maiden name: Daphne Brady
15. Birthplace: Ireland

16. Informant: Bernadette Hopkins

Address: 1810 August Drive Silver Spring Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 1-27-1950 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Maryland

19. Funeral director: Robert A. Mattingly

Address: 131 - 11th St SE Wash DC

19. Jan 25, 1950 (Date rec'd by registrar) Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 24 1950 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1949 to Jan 24 1950 and that I last saw her alive on Jan 24 1950

Immediate cause of death: Hypertensive heart disease — DURATION: 20 yrs.

Due to

Due to 443X

Other conditions 93d (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Geo Arpst M. D. ~~or other~~

Address: 823-19th St. N.W. Date signed: 1/24/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 26 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00620

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RT #2 Silver Spring
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jeffiffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE pr Geo's Co COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills Md
STREET ADDRESS (If rural give location) 4936 Temple Hills Rd S.E.

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) A. (Last) Hullings

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 21-1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Irving Archer
14. MOTHER'S MAIDEN NAME Lucy Walcott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Home records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Congestive Failure	46 hrs
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral-Vascular Accident	46 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1949, to 1-27, 1950, that I last saw the deceased alive on 1-26, 1950, and that death occurred at 2 30p m., from the causes and on the date stated above.

SIGNATURE Lloyd Rogers (Degree or title) MD ADDRESS 7601 Sutton Pl. Silver Spring Md DATE SIGNED 1-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE Jan 30 31-50
NAME OF CEMETERY OR CREMATORY St. Barnabas Cem.
LOCATION (City, town, or county) Oxon Hill, (State) Md.

DATE REC'D BY LOCAL REG. Jan 27/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Simmons Bros ADDRESS 2007 Nichols Ave S.E. nash D.C.

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00621

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2500 "Q" Street, NW,

3. NAME OF DECEASED (Type or Print): (First) Junius (Middle) Elmer (Last) INMAN
4. DATE OF DEATH: (Month) 1-30-50 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-4-86
9. AGE last birthday: 63 yrs. If under 1 year: Months 5, Days 26, Hours, Min. If under 24 hrs.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Curtis M. Inman
14. MOTHER'S MAIDEN NAME: Josephine Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wife: Thelma E. Inman, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

602 X Immediate cause (a) Uremia — 7 days

Antecedent cause(s)

134a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis — 12 days

(c) Nephrolithiasis — 3½ mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 JAN, 19 50, to 30 JAN, 19 50, that I last saw the deceased alive on 30 JAN, 19 50, and that death occurred at 635P m., from the causes and on the date stated above.

SIGNATURE F. L. Golbranson (Degree or title) F.L.GOLBRANSON, LTJG, MCR, USNR ADDRESS U. S. Naval Hospital, Bethesda, Md DATE SIGNED 2-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2-2-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 2-6-50 | REGISTRAR'S SIGNATURE Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: S.H. HINES, 2901 14th St, NW, Washington, D.C.

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06622

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Manor Club Estates

3. NAME OF DECEASED (Type or Print): (First) Otto (Middle) (Last) Jacobi

4. DATE OF DEATH: (Month) JAN. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8-6-1875

9. AGE Last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr John. Dailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Colon - Hepatic flexure	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

153X
462

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Constrictise Pericarditis.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from August., 1947, to Jan., 1950, that I last saw the deceased alive on Jan. 10, 1950, and that death occurred at 1 Lo A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Richard A. Yater M.D. RFD #1 Silver Spring, Md. 1/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF 1/11/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Silver Spring Md.

DATE REC'D BY LOCAL REG. 1-11-50 | REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Rumphrey Inc. Silver Spring md.

VS. A15

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00623

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville, Md; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville, Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) E. (Last) Johnson

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec 18, 1932

9. AGE last birthday: 17 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Spenceville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Johnson

14. MOTHER'S MAIDEN NAME: Naomi Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Naomi Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H20.1 **Immediate cause** (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: died suddenly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockard	M.D.	Gaithersburg Md	1-9-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-12-50	Round Oak	Spencerville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/13/50	Frances Potter	Robert L. Snowden	Rockville, Md

9899

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00624

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 28, 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Rachel Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Maria Johnson, (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: Few days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral sclerosis — 1 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Bouchart M.D. — Gaithersburg Md — 1-16-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 1-18-1950 | NAME OF CEMETERY OR CREMATORY Emory Grove | LOCATION (City, town, or county) (State) Emory Grove Md

DATE REC'D BY LOCAL REG. Jan. 18, 1950 | REGISTRAR'S SIGNATURE Ursula G. Cooke | 24. FUNERAL DIRECTOR — ADDRESS Robert L. Snowden, Rockville, Md

9889

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06625

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W shington
STREET ADDRESS (If rural, give location) 412 K Street, NE

3. NAME OF DECEASED (Type or Print): (First) Burrough; (Middle) (n); (Last) KELLY
4. DATE OF DEATH: (Month) 1-5-50; (Day); (Year) 19

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-26-82
9. AGE last birthday: 67 yrs. If under 1 year: Months 10 Days 9; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Local govt
11. BIRTHPLACE (State or foreign country): Bowmann, South Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Tom Kelly
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW II
(If year, give war or dates of service) Yes
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wife: Goldie Kelly, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis, arteriolar	Undetermined
	(c) Hypertensive cardiovascular disease	"

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 DEC, 19 49, to 5 JAN, 19 50, that I last saw the deceased alive on 5 JAN, 19 50 and that death occurred at 8:50P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.R. SHANAHAN, LTJG, MC, USN
ADDRESS U. S. Naval Hospital, Bethesda, Md
DATE SIGNED 1-6-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE 1-6-50
NAME OF CEMETERY OR CREMATORY St. Stephens Cemetery
LOCATION (City, town, or county) (State) Orangeburg, South Caroli

DATE REC'D BY LOCAL REG. 1-6-50
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS W.E. Jarvis Funeral Home, 1432 U Street, NW, W shington, D.C.

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00626

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 4 mos 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Ann Rundle; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Lavina; (Middle) —; (Last) Knust.

4. DATE OF DEATH: (Month) / (Day) 5 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7-21-67

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper mother

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? England.

13. FATHER'S NAME: Jon Hainesworth

14. MOTHER'S MAIDEN NAME: Sosah Ann Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Mabel Gibson (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
470.1 Immediate cause	(a) Coronary Occlusion	3 days
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years
	(c) Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 1-5-1950, that I last saw the deceased alive on 1-5-1950, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A Hare M.D.		Takoma Park, Md.	1/5/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/8/50		Rhipps Corner	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/9/50	J. Wm Dodd	Deal Funeral Home	4812 Ga Ave NW Wash. D C.

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00627

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 7738 Emerson Rd., West Lanham Hills

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Carroll	KOONTZ	Jan	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday: Years	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	2-28-77	72 yrs.	11	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gov't.Empl.(Retired)	- - - -	Baltimore, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Koontz	Matilda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No. (If year, give year or dates of service)	17. INFORMANT AND ADDRESS
Yes	Spanish-American	Wife -same as line 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260X Immediate cause	(a) Cerebral Thrombosis	3 months
Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	35 years
	(c) Pulmonary Edema	5 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 14, JAN, 1950, to 28, JAN, 1950, that I last saw the deceased alive on 28 JAN, 1950 and that death occurred at 1905 P m., from the causes and on the date stated above.

SIGNATURE: J.H.Hege — (Degree or title): J.H.HEGE, LT,MC,USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md — DATE SIGNED: 31 JAN 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-1-50	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-31-50	Elizabeth Willett	S.H.Himes 2901 14th St.,NW Washington, D.C. C.H.C. XVX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1950
BUREAU V. S.

00628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 18 Mills Lane, Travillah, Rd

3. NAME OF DECEASED (Type or Print) (First) Gary (Middle) Joseph (Last) LaFONTAINE
4. DATE OF DEATH (Month) 1-3-50 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant
8. DATE OF BIRTH 12-28-49
9. AGE last birthday 0 yrs. If under 1 year: Months 0, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bethesda, Rural, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter LaFontaine
14. MOTHER'S MAIDEN NAME Mary Catherine Cronin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Father Walter LaFontaine, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Hemorrhagic disease of newborn $7710	2 days
Antecedent cause(s)		Prematurity #7750	6 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
	(c)		

771.5

159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 DEC, 1949, to 3 JAN, 1950, that I last saw the deceased alive on 3 JAN, 1950, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE P. PETERSON, CAPT, MC, USN (Degree or title) ADDRESS U. S. Naval Hospital, Bethesda, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 6, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 1-10-50
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W.W. Chambers, 1400 Chapin St, NW Washington, D.C. ADDRESS

2-0-R-289-24-2-32-2

R.A.M. XVI 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06629

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4709 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4709 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) C. (Last) Lamplugh

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 23, 1897

9. AGE last birthday: 52 yrs. — If under 1 year: Months. 9 — Days. 5 — If under 24 hrs.: Hours. — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntington, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Christy

14. MOTHER'S MAIDEN NAME: Susie B. Christy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Betty Lamplugh - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac dilatation — 2 hrs

Antecedent cause(s)

1991

55b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sarcoma of leg with metastasis to the pelvis and lower vertebral

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 29, 1949

19b. MAJOR FINDINGS OF OPERATION: Sarcoma of left tibia and fibula

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1946, to January 28, 1950, that I last saw the deceased alive on January 28, 1950, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William A. Ryan M.D. Ryan — 401 - Wat. N.E. Washington D.C. — 1/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 1/31/50

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 1-29-50

REGISTRAR'S SIGNATURE: Helen Kovach

24. FUNERAL DIRECTOR — ADDRESS: Forest D. Lamplugh

RECEIVED
JAN 31 1950
BUREAU U. S.

00630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Glen
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2515 Holman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3904 18th St N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CORNELIA	P.	LANGLEY	Jan	31	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	11-8-1866	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bolling Green, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel P. Trewolla	Annie Wesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	None	Mrs Catherine F. Langley 3904 -18th St NW D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 **Immediate cause**	(a) Myocardial Failure	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Generalized Arteriosclerosis.	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
W	no	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1947, to Jan 31, 1950, that I last saw the deceased alive on Jan 31, 1950, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C B Wardrop M.D.	837 Bonifant St Silver Spring Md	1/31/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 2, 1950	Congressional Cem.	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 1/50	Frances Potter	The S. A. Hines Co.	2901-14th St. Wash. D.C.

VS-A15

RECEIVED
FEB 2 1950
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00631

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 329 Rhode Is Ave. NE.

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) NMN (Last) Lantz

4. DATE OF DEATH: (Month) January (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 26, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Smith Johnson

14. MOTHER'S MAIDEN NAME: Mary Buckingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs Hazel Rebay 329 Rhode Is Ave. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) II Coronary Occlusion - Arteriosclerotic heart Disease

Antecedent cause(s) (a) Gastric Malignancy c periodic bleeding

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 151 + 46 Anemia and sec. Anemia (c) II

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to ....., 19 50, that I last saw the deceased alive on 1/3, 19 50, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: Chas A Wolchow (Degree or title) MD ADDRESS 500 Underwood DC NW DATE SIGNED 1/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 1/6/50 — NAME OF CEMETERY OR CREMATORY GEORGE WASH MEMO. PARK — LOCATION (City, town, or county) PRINCE GEO. CTY, (State) MARYLAND

DATE REC'D BY LOCAL REG. 1/6/50. — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: W. W. CHAMBERS CO. — ADDRESS RIVERDALE MD.

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00632

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sinclair Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3417 North Hampton St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Abbie (Last) Larrabee

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 1, 1854

9. AGE last birthday: 95 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Larrabee

14. MOTHER'S MAIDEN NAME: Abbie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Louise Judson, 3417 North Hampton St., N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pernicious anemia — Interval between onset and death: 5 years

290.0 Antecedent cause(s)

73a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Old age & inanition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1947, to Jan 1, 1950, that I last saw the deceased alive on Dec 31, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas Logan MD ADDRESS 6001 Nevada Ave NW DATE SIGNED Jan 1 - 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
DATE: Jan. 2, 1950
NAME OF CEMETERY OR CREMATORY: Scarborough Cemetery
LOCATION (City, town, or county) (State): Scarborough, Cumberland Co., Maine

DATE RECD BY LOCAL REG.: 1/3/50
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Waxmer & Pumphrey
ADDRESS: 8434 Ga. Ave., Silver Spring, Md.

V3491

VS-A13

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06633

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase Md — LENGTH OF STAY (in this place): 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MONTGOMERY COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase Md.
STREET ADDRESS (If rural give location): 3215 East West Highway

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) LATTERNER

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 25, 1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Wash D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PETER KILROY

14. MOTHER'S MAIDEN NAME: MARGARET CONROY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Helen L. Welles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
334X	Immediate cause	(a) Cerebral apoplexy	2 months
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 years
		(c) old age	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 19 49, to 1/11, 19 50, that I last saw the deceased alive on 1/11, 19 50, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Frank R. Shea (Degree or title): M.D. ADDRESS: 4100-27th St NE DATE SIGNED: Wash DC 1/11/50

23. BURIAL, CREMATION / REMOVAL (Specify): DATE THEREOF: Jan. 14-50 NAME OF CEMETERY OR CREMATORY: Rock Creek LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 1-11-50 REGISTRAR'S SIGNATURE: Helen Burwash

24. FUNERAL DIRECTOR: Francis J. Collins ADDRESS: 3821-14th St

J

XVX79

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00634

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 103 Dresden St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 103 Dresden St.

3. NAME OF DECEASED (Type or Print): (First) OLGA (Middle) PEUCKERT (Last) LAUG

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 16, 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months. 7 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dresden, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FERDINAND PEUCKERT

14. MOTHER'S MAIDEN NAME: BERTHA SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Edwin P. Laug - 103 Dresden St. Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thromboses, Multiple	25 Nov 1949
Antecedent cause(s)		
332 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83b	(b) Arteriosclerosis, generalised, severe	10 yrs +
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arterio sclerotic Parkonism	5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Nov, 1949, to 1-11, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 11 00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stewart Wolff, M.D. ADDRESS: 3921 Ingomar St. N.W. Wash D.C. DATE SIGNED: 1-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE: 1/11/50 NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 1-11-50 REGISTRAR'S SIGNATURE: Helen Burroughs

24. FUNERAL DIRECTOR: Robert L. Pumphrey ADDRESS: Bethesda, Md.

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00635

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peoples Drug Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) Montrose

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) M (Last) Leighton

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 8, 1894

9. AGE last birthday: 54 yrs. If under 1 year: Months 8, Days 12, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Roofing&Siding

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar Leighton

14. MOTHER'S MAIDEN NAME: Nina Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY No. 214-01-5826

17. INFORMANT: Mrs. Ethel A. Leighton - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

I120.1 Immediate cause (a) Coronary occlusion — Sudden death.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brosnahan (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 1-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 24, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetery | LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 1/23/50 | REGISTRAR'S SIGNATURE: Louise B. Humphreys | 24. FUNERAL DIRECTOR: Robert A. Humphreys ADDRESS: Bethesda 14, Md.

30840

VS. A15A

RECEIVED
JAN 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06636

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) Corner County Rd + Prospect St,

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Lewis

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/19/69

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Clerk (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Loudon Co. Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jonathan E Lewis

14. MOTHER'S MAIDEN NAME: Henrietta Primm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Washington Sant Hosp Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause	(a) Hemorrhage Cerebral	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

331 X
830

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1948, to Jan 1, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 5:35 P m., from the causes and on the date stated above.

SIGNATURE and (Degree or Title): [signature] — ADDRESS: Kensington, Md — DATE SIGNED: MD 1/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/4/1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 1/2/50 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR — ADDRESS: Robert A Dunphey Bethesda

Dist. Reg. Copy 26684

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00637

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural); LENGTH OF STAY (in this place): 1hr 15 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 2755 Macomb Street, NW,

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (n) (Last) LUEHRS

4. DATE OF DEATH: (Month) (Day) (Year) 1-23-50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-18-92

9. AGE last birthday: 57 yrs. If under 1 year: Months: 10; Days: 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Known

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John August Luehrs

14. MOTHER'S MAIDEN NAME: Kathrine Ammerich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Borther: Otto Luehrs, 3187 17th St North Arlington Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Massive Cerebral Hemorrhage — Interval Between Onset and Death: 3 hours

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 JANU, 19 50 to 23 JAN, 19 50, that I last saw the deceased alive on 23 JAN, 19 50, and that death occurred at 415 P m., from the causes and on the date stated above.

SIGNATURE: J.K. Leverett — (Degree or title): J.K. LEVERETT, LTJG, MC, USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md — DATE SIGNED: 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-27-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 1-26-50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Lee Funeral Home — ADDRESS: 4th & Mass. Aves, NE Washington, DC

U S S. XVIII

RECEIVED
JAN 27 1950
BUREAU V. S.

00638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 1/2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 714 Hankin Street

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Luther (Last) Lydell
4. DATE OF DEATH (Month) Jan. (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 2, 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business
10b. KIND OF BUSINESS OR INDUSTRY Men's Clothier
11. BIRTHPLACE (State or foreign country) Faulconer New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank Luther Lydell
14. MOTHER'S MAIDEN NAME ~~XXXXXXXXXXXX~~ Helen Bunce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Prostate & metastasis	4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

177x
51b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1940, to Jan 12, 1950, that I last saw the deceased alive on Jan 11, 1950, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W B Wardrop MD. ADDRESS 837 Bonifacio St. Helen Bng. DATE SIGNED 1/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/14/50
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 1/14/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

15665

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

Evidence for addition in 18s shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00639

FILM No. G 1[illegible] FEB 15 1950

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1902 North Monroe Street ✓

3. NAME OF DECEASED (Type or Print): (First) Joseph Carrol (Middle) (Last) MAGRUDER

4. DATE OF DEATH: (Mooth) 1-10-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-9-26

9. AGE last birthday: 23 yrs. If under 1 year: Months 11 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kiod of work dooe during most of working life, even if retired): Taxicab driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pronce Georges Cnty

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wallace Keith Magruder

14. MOTHER'S MAIDEN NAME: Helen Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo): Yes (If year, give war or dates of service) WW II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sister: Catherine Dortzbach, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure

410 Antecedent cause(s)

92 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral stenosis

(c) Rheumatic fever

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death.

(Inactive at time of death 12/15/50 - ams)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 NOV, 19 49, to 10 JAN, 19 50, that I last saw the deceased alive on 10 JAN, 1950, and that death occurred at 840 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.R.SHANHAN, LTJG, MC, USN U. S. Naval Hospital, Bethesda, Md 1-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 1-13-59 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln | LOCATION (City, town, or couoty) (State): Maryland

DATE REC'D BY LOCAL REG. 1-13-50 | REGISTRAR'S SIGNATURE Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: Francis Gasch, Hyattsville, Md

JWB.

420 5V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00640

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westmore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Westmore

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Scott (Last) Magruder

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/16/88

9. AGE last birthday: 61 yrs. If under 1 year: Months 4, Days 6, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Mdse.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Wade Magruder

14. MOTHER'S MAIDEN NAME: Rachael Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT: Samuel W. Magruder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420,1 **Immediate cause** (a) Coronary occlusion — Sudden death

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brockhurst (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 1-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 1/24/50; NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery; LOCATION (City, town, or county): Rockville (State): Maryland

DATE REC'D BY LOCAL REG. 1/24/50; REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR: Robert A. Pumphrey; ADDRESS: Rockville

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 25 1950
BUREAU T. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00641

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson (Rural); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dickerson (Rural) COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lettie (Middle) Maude (Last) Mainhart

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/4/30-1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John A Horine

14. MOTHER'S MAIDEN NAME: Frances Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Guy Lewis (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: 6 hours

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular renal disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Jan., 1950, to 24 Jan., 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE: Gordon McSmith (Degree or title): M. D. ADDRESS: Barnesville, Md DATE SIGNED: 24 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 1/26/50 NAME OF CEMETERY OR CREMATORY: Mt Olivet LOCATION (City, town, or county) (State): Frederick, Md

DATE REC'D BY LOCAL REG.: 1/25/50 REGISTRAR'S SIGNATURE: Mrs. C. C. Hilton By Mrs. C. C. H.

24. FUNERAL DIRECTOR: William B. Hilton ADDRESS: Barnesville, Md

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

00642

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 13214 Midway Ave

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) boy (Last) Mangum

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1950

5. SEX M
6. COLOR OR RACE wh.
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-11-50
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 4 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Royce Everett Mangum
14. MOTHER'S MAIDEN NAME Cleonece Madge Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Father - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5 Immediate cause (a) Premature Birth at 6 months

Antecedent cause(s)

160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Placenta Praevia

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1950, to 1/11, 1950, that I last saw the deceased alive on 4:00 am 1/11, 1950, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE Cecile L. Fusfeld M.D. (Degree or title) ADDRESS 2026 R St NW Washington 9, DC DATE SIGNED 1/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 1-11-50
NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hosp.
LOCATION (City, town, or county) Takoma Park, (State) Md.

DATE REC'D BY LOCAL REG. 1/11/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Washington San. & Hospital Takoma Park, Md. ADDRESS

2-0-1-12-0-26-1-31-2

Written permission received from both parents W.H. Hyatt Record Librarian X

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00643

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural | LENGTH OF STAY (In this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn
STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Virgle	Elmer	MANUEL	1-1-1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	2-1-08	41 yrs.	11 / 0	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Automobile Mechanic	Private	Washington DC	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Irvin E. Manuel	Goldie Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes WWII		Mother: Goldie Manuel. same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Peritonitis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Ruptured viscus	4 days
(c)	Pulmonary Infarct	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Compound fracture both lower legs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway	(CITY OR TOWN): Laurel	(COUNTY): Howard	(STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Dec 27-49 11 P.m.		struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Boezhart	M.D.	Gaithersburg Md	1-1-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-4-1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/4/50	Elizabeth Willett	W.W. CHAMBERS	5801 Cleveland Ave., Riverdale, Maryland.

33239

RECEIVED
JAN 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00644

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2104 Windham Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scranton
STREET ADDRESS (If rural, give location): 1732 Madison ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Freda		McClintock	Jan. 26, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan 8, 1892	58 yrs.	0	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Pennsylvania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Weiskerger	Minnie Siebolt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	159-24-6211	Mrs Idell Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
44 Immediate cause	(a) Terminal pulmonary and cerebral edema	5 days.
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular renal disease	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	5 yrs.

260

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-20, 1950, to 1-26, 1950, that I last saw the deceased alive on 1-26, 1950, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE: Francis L Richardson (Degree or title) M.D. ADDRESS: 717 Atlantic Bldg. N.W. Wash. DC DATE SIGNED: 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation & Burial	1/27/50	Forest Hill Cemetery	Scranton, Lackawanna Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 27, 1950	Frances Potter	Warner E. Pumphrey, Inc.	Silver Spring, Md.

VS. A15

RECEIVED
JAN 30 1950
BUREAU V. S.

00645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8808 Reading Road	STREET ADDRESS (If rural, give location): 8808 Reading Road

3. NAME OF DECEASED (Type or Print)	(First) ABRAHAM	(Middle)	(Last) MILKIE	4. DATE OF DEATH	(Month) January (Day) 20 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Oct. 20, 1855	9. AGE last birthday: 94 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired merchant	10b. KIND OF BUSINESS OR INDUSTRY: Grocery & Clothing	11. BIRTHPLACE (State or foreign country): Lebanon	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME: Michael Milkie	14. MOTHER'S MAIDEN NAME: Katherine Habeeb				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: no	17. INFORMANT AND ADDRESS: Michael Milkie - son 8808 Reading Road, Silver Spring, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Inertia	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	5 years
	(c)	

422.1

95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Jan 20, 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
LOBWardrop	MD.	837 Bonifant St - Silver Spring	1/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan. 23, 1950	NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery	LOCATION (City, town, or county): Washington,	(State) D. C.
DATE REC'D BY LOCAL REG.: Jan 24, 1950	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc.	ADDRESS: Silver Spring, Md.	

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1415

RECEIVED
JAN 25 1950
BUREAU V. S.

0C646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
501 Wilson Lane Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Regina (Last) Miller

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 21 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months 10 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): + house wife

10b. KIND OF BUSINESS OR INDUSTRY: Retired Ready to wear

11. BIRTHPLACE (State or foreign country): Belvidere Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Hamill

14. MOTHER'S MAIDEN NAME: Mary A Askin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Clinton K. Royse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus, Coronary thrombosis

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
61 (b) Hypertensive Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Jan 27, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 10 A January 28, 1950 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. J. Dwyer M.D. Bethesda, Md 1-28-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/31/50 | NAME OF CEMETERY OR CREMATORY St. Marys | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 1-30-50 | REGISTRAR'S SIGNATURE Helen Kurrack | 24. FUNERAL DIRECTOR Robert R. Humphrey ADDRESS Bethesda, Md.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00647

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D. C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D. C.; STREET ADDRESS (If rural, give location) 211 Varnum St. N. W.

3. NAME OF DECEASED (Type or Print): (First) Honora (Middle) Luckett (Last) Miller

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9-16-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): government clerk

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wilson Noble Miller

14. MOTHER'S MAIDEN NAME: Mary Frances Dooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None. (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. L. N. Miller (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema & Bronchopneumonia — Interval Between Onset and Death: 4d.

541.0

Antecedent cause(s)

1176

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-20-50

19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 1950, to 1-24, 1950, that I last saw the deceased alive on 1-24, 1950, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul V. Starr, M.D. Takoma Park, Md. Jan. 24, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 1/27/50 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Silver Spring (State) Md

DATE REC'D BY LOCAL REG. 1/24/50 REGISTRAR'S SIGNATURE J. William Doll

24. FUNERAL DIRECTOR ADDRESS The S. H. Hines Co Wash. D.C.

26677

RECEIVED
JAN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06648

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 2019 Monroe St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Katherine (Last) Moore

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-12-1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ward

14. MOTHER'S MAIDEN NAME: Katherine Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: six days

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

940a

(b) Coronary occlusion + infarct — ? days

(c) Arteriosclerosis + Hypertension — ? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Jan 22, 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A Stare MD, Takoma Park, Md. 1/23/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE Jan 25 1950 NAME OF CEMETERY OR CREMATORY Lee's Crematorium LOCATION (City, town, or county) Wash DC (State)

DATE REC'D BY LOCAL REG. 1/23/50 REGISTRAR'S SIGNATURE J Wm Dodd

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS Wash D.C.

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00649

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington,
STREET ADDRESS (If rural, give location): Mayflower Hotel

3. NAME OF DECEASED (Type or Print): (First) Ephriam (Middle) Franklin (Last) MORGAN
4. DATE OF DEATH: (Month) (Day) (Year) 1-15-50 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-16-69
9. AGE last birthday: 81 yrs. | If under 1 year: Months 11 Days | If under 24 hrs.: Hours | Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney at Law
10b. KIND OF BUSINESS OR INDUSTRY: Private/Retired
11. BIRTHPLACE (State or foreign country): WVA Forksburg, Marion Cnty,
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Marcus Morgan
14. MOTHER'S MAIDEN NAME: Clemenza Wymer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): SA
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wife: Alma Morgan, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infarction, myocardium — 4 Wks.
420.1
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
932 (b) Arteriosclerotic Cardiovasc. D's. " " — Unknown " "
(c) Hypertensive

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, DEC, 1950, to 15 JAN, 1950, that I last saw the deceased alive on 15 JAN, 1950 and that death occurred at 10:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J.R. SHANAHAN. LTJG, MC, USN
ADDRESS: U. S. Naval Hospital, Bethesda, Md.
DATE SIGNED: 18 Jan 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 1-16-50
NAME OF CEMETERY OR CREMATORY: Mount Zion
LOCATION (City, town, or county) (State): Fairmont, Rural, WVA

DATE REC'D BY LOCAL REG.: 18 Jan 1950
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR: W.W. Chambers, 1400 Chapin St, NW
ADDRESS: Washington, D.C.

A&P 25693

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00650

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 719 49th Street, NE.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Elmo (Last) NEAL

4. DATE OF DEATH: (Month) 1-13-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-19-96

9. AGE last birthday: 53 yrs. If under 1 year: Months 11 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY: Vet. Admin.

11. BIRTHPLACE (State or foreign country): Franklinton, N.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lewis Neal

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife: Dora Neal, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis Cerebral severe	2 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Infarct	6 weeks
	(c) Bronchopneumonia	36 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 DEC, 1950, to 13 JAN, 1950, that I last saw the deceased alive on 13 JAN, 1950, and that death occurred at 1005 A m., from the causes and on the date stated above.

SIGNATURE Wade H. Boswell (Degree or title) W.H. BOSWELL, LT, MC, USN ADDRESS U. S. Naval Hospital, Bethesda, Md DATE SIGNED 17Jan1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1-17-50 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 17 Jan 1950 | REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS W. Ernest Jarvis, 1432 U Street, NW Washington, D.C.

E.U.D. 2309

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

60651

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 214 East Sedgewick Street

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (n) (Last) ONESTI

4. DATE OF DEATH: (Month) 1-26-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 24 Sep 1888

9. AGE last birthday: 61 yrs. | If under 1 year: Months 4, Days 2, Hours, Min. | If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Onesti

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: From self on admission to Hospital.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Cachexia —

Antecedent cause(s)

46b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Recurrent Ca of Stomach

(c) and testes

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4, JAN., 1950, to 26, JAN., 1950, that I last saw the deceased alive on 26, JAN., 1950, and that death occurred at 625A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. J. Honsik, Lt. MC, USN

ADDRESS: U. S. Naval Hospital, Bethesda, Md.

DATE SIGNED: 27 Jan 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 1-26-50 | NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery | LOCATION (City, town, or county) (State): Delaware Cnty, Penna

DATE REC'D BY LOCAL REG. 27 Jan 1950 | REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Robert Pumphrey 7557 Wisconsin Ave Bethesda, Maryland.

RECEIVED
JAN 30 1950
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00652

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 DENWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD — COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural give location) 36 DENWOOD AVE

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EUGENE FERRAR (Last) PADGETT, III

4. DATE OF DEATH: (Month) JAN (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: DEC. 19, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 1 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wm. Eugene F. Padgett.

14. MOTHER'S MAIDEN NAME: Dora L. Royce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Wm. E. F. Padgett.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X — Immediate cause (a) Lobar pneumonia — Interval between onset and death: 1 day

108 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Edema
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19, 1949, to 1-22, 1950, that I last saw the deceased alive on 1-22, 1950, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis Richardson — ADDRESS 7717 Alaska Ave N.W. Washington — DATE SIGNED 1-22-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Jan 24 1950 — NAME OF CEMETERY OR CREMATORY George Washington Memorial Park — LOCATION (City, town, or county) (State) Rigg's Rd, Hyattsville, Prince Geo. Md.

DATE REC'D BY LOCAL REG. 1/24/50 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Arthur J. Palmer — ADDRESS 204 Carroll St. N.W. Takoma Park, D.C.

2-0-R-19:9-19-2-00-R

RECEIVED
JAN 25 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 123 JAN 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06653

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 1 da 5 hrs 20 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Sanitarium and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 6402 Elliott Place

3. NAME OF DECEASED (Type or Print): (First) Mrs (Middle) Dale (Last) Preissler

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 8/21/90

9. AGE last birthday: 59 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): New Orleans, La.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Charles Godfrey

14. MOTHER'S MAIDEN NAME: Barbara Frech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 579 - 01 - 9873

17. INFORMANT AND ADDRESS: Chart - Sanitarium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis of Anterior Left Descending with infarction	2 days
Antecedent cause(s)	(b) Intercapillary Glomerulosclerosis	2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardiovascular Disease	31 years
	Diabetes Mellitus	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to Jan 4, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 6:22 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeVoe K. Wade M. D. Takoma Park 12 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 1/6/50

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 1/5/50

REGISTRAR'S SIGNATURE: J. Wm Dodd

24. FUNERAL DIRECTOR: Warner C. Pumphrey ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06654

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 2404 Leslie Avenue

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Vivian (Last) PRICE

4. DATE OF DEATH: (Month) 1-18-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-21-90

9. AGE last birthday: 59 yrs. — If under 1 year: Months 11, Days 28, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper

10b. KIND OF BUSINESS OR INDUSTRY: Private business

11. BIRTHPLACE (State or foreign country): Washington, D.C.,

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry Price

14. MOTHER'S MAIDEN NAME: Cornelia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Amey Gertrude Price, same address

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
581.0 Immediate cause	(a) Portal Cirrhosis & Massive Bleeding From Esophageal Varices	Several years
Antecedent cause(s)		
20 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Tuberculosis, L. Pleura & Prostate	Several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 JAN, 19 50, to 18 JAN, 19 50, that I last saw the deceased alive on 18 JAN, 19 50 and that death occurred at 1135A m., from the causes and on the date stated above.

SIGNATURE: C. F. Park — (Degree or title): C.F.PARK, CDR, MC, USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md — DATE SIGNED: 19 Jan 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-23-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 19 Jan 50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W.CHambers, 1400 Chapin St, NW, Washington, D.C.

O.M.H. 21099

RECEIVED
JAN 20 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00655

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural); LENGTH OF STAY (in this place): 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chincoteague; STREET ADDRESS (If rural, give location): Naval Air Station

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Guen (Last) PUCKETT Jr

4. DATE OF DEATH: (Month) 1-28-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1-24-50

9. AGE last birthday: 0 yrs. If under 1 year: Months: 0 Days: 4 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Guen PUCKETT

14. MOTHER'S MAIDEN NAME: Martha BLACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father: David G. Puckett, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751x Immediate cause (a) PURULENT MENINGITIS

Antecedent cause(s)

1576 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PULMONARY ATLECTASIS MASSIVE.

(c) LUMBAR MENINGOCELE.

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. NEW BORN (Surgery)

19a. DATE OF OPERATION: 1/24/50. 19b. MAJOR FINDINGS OF OPERATION: Meningocele

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 JAN, 19 50, to 28 JAN, 19 50, that I last saw the deceased alive on 28 JAN 19 50, and that death occurred at 1:00P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. PETERSON, Captain, MC, U. S. Naval Hospital, Bethesda, Md 3 Feb 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 1-29-50

NAME OF CEMETERY OR CREMATORY: Hartsell Municipal

LOCATION (City, town, or county) (State): Hartselle, Alabama

DATE REC'D BY LOCAL REG: 3 Feb 1950

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Robert Pumphrey, 7557 Wisconsin Ave Bethesda, Maryland.

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VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

00656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs, Md.
STREET ADDRESS (If rural give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Ramsburg
4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1950
5. SEX M.
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug. 30, 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer
11. BIRTHPLACE (State or foreign country) Frederick Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Clanton Ramsberg
14. MOTHER'S MAIDEN NAME Amanda Wiles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Annie Ramsburg, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
610X	Immediate cause	(a) Cerebrovascular hemorrhage	2 wks
137a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	15 yrs
		(c) Prostatic hypertrophy.	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute urinary retention

19a. DATE OF OPERATION 12 Jan. 1950
19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy c̄ urinary retention
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Jan., 1950, to 16 Jan., 1950, that I last saw the deceased alive on 16 Jan., 1950, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE A. O. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 16 Jan. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Jan 20-1950 NAME OF CEMETERY OR CREMATORY Luther Middletown Md LOCATION (City, town, or county) Middletown (State) Md
DATE REC'D BY LOCAL REG. 1-20-50 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00657

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. LENGTH OF STAY (in this place): 23 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp. Takoma Park.	STREET ADDRESS (If rural, give location): Wellington Villa RFD #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Samuel	Rice	1	4	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Sep 8. 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scientist & Engineer	Retired	Claremont. N.H.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Rice	Abbie Parker Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	?	Hospital Records-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Terminal
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	two Months
	(c) Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 7-10, 1947, to 1-4-, 1950, that I last saw the deceased alive on 1-3-, 1950, and that death occurred at 4:02 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert A Hare MD.	Takoma Park, Md.	1/4/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Jan 6 1950	Ft Lincoln Cem.	Kr. George Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/4/50	J. Wilson Dodd	The J. H. Hines Co.	2901 14th St NW Wash DC

V5293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JAN 6 1950
BUREAU V. S.

00658

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Monty Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown — LENGTH OF STAY (in this place) 52 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown —
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) LILY (Middle) Mae (Last) RICKETTS

4. DATE OF DEATH (Month) January (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov 20, 1897
9. AGE last birthday 52 yrs. If under 1 year: Months 2 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Monty Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Kelley Offult
14. MOTHER'S MAIDEN NAME Amy Brunner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Ernest C. Ricketts Darnestown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Anemia	2 days
757.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary anemia	2 years
106c	(c) Polycystic Kidney disease	Entire Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis — 2 weeks

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 31 Dec, 1947, to 20 Jan, 1950 that I last saw the deceased alive on 20 Jan, 1950 and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE John S. Fawcett (Degree or title) M.D. ADDRESS Boyd, Md DATE SIGNED 22 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/23/50
NAME OF CEMETERY OR CREMATORY Darnestown Cemetery
LOCATION (City, town, or county) Darnestown (State) Md.

DATE REC'D BY LOCAL REG. 1/23/50
REGISTRAR'S SIGNATURE Alfreda T. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 25 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00659

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1200 Woodside Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1200 Woodside Parkway.

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) SEARS (Last) Robins
4. DATE OF DEATH: (Month) JANUARY (Day) 8 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 18, 1871
9. AGE last birthday: 78 yrs. If under 1 year: Months 6; Days 20; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New York City, N. York.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Bertha Feidler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: F. Douglas Sears, 1200 Woodside Parkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Jan. 8, 1950, that I last saw the deceased alive on Jan. 7, 1950, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George B. Patrick, Jr., M.D.
ADDRESS: 8700 Colesville Rd. Silver Spring, Md.
DATE SIGNED: 1-8-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. 10, 1950
NAME OF CEMETERY OR CREMATORY: Parsons
LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG.: 1/9/50
REGISTRAR'S SIGNATURE: Frances Cotter
24. FUNERAL DIRECTOR: Warner & Dumphrey Inc. Silver Spring Md.
ADDRESS: —

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06660

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 506 Ellsworth Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; STREET ADDRESS (If rural give location): 506 Ellsworth Drive

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) Lohmeyer (Last) Ruppe

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 14, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Lohmeyer

14. MOTHER'S MAIDEN NAME: Rosa Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. John W. Kirkland, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Essential — 4-5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to 27 Jan., 19 50, that I last saw the deceased alive on 27 Jan., 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: William D. Aud (Degree or title): M.D. ADDRESS: 9006 Colesville Rd, Silver Spring Md DATE SIGNED: 27 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF: Jan. 30, 1950

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory

LOCATION (City, town, or county) (State): Prince George's Co., Md.

DATE REC'D BY LOCAL REG.: Jan 29/50

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Silver Spring, Md.

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00661

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Asbury Home

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) (Last) RUSSELL

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1950

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Feb 13 1866 — 9. AGE last birthday: ~~[illegible]~~ 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Johnsville Frd Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Hoffman — 14. MOTHER'S MAIDEN NAME: Louisa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Records of Asbury Methodist Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

309 X **Immediate cause** (a) Senile Pneumonia — 6 months

84d **Antecedent causc(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Organic Dementia — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

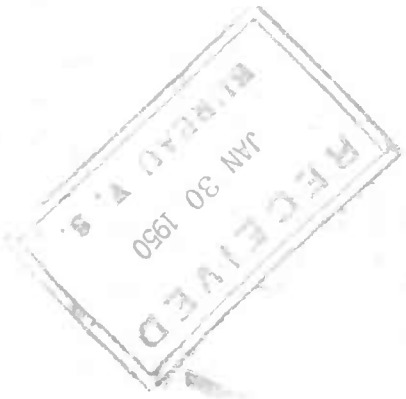
22. I hereby certify that I attended the deceased from Dec-3-, 1949, to Jan-26-, 1950, that I last saw the deceased alive on Jan-25-, 1950, and that death occurred at 6-20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William B. Miller M.D. — 7 Brookmont, Gaithersburg Md. — 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Jan 28/50 — NAME OF CEMETERY ~~OR CREMATORY~~ Ebenezer Cem. — LOCATION (City, town, or county) (State) Carroll Co. Md. (Winfield)

DATE REC'D BY LOCAL REG. Jan 26, 1950 — REGISTRAR'S SIGNATURE Almeda L Cooke — 24. FUNERAL DIRECTOR J. S. Myers Jr. — ADDRESS Westminster Md.



Wm. C.
Dr. Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00662

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8800 1st Ave.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Anne (Last) Sanders.

4. DATE OF DEATH (Month) 1 (Day) 4 (Year) 1950

5. SEX Fe.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-21-74
9. AGE last birthday 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Warrenton Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James B. Flynn
14. MOTHER'S MAIDEN NAME Rachael P. Hunter.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Patient's chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: About 3 hrs.

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Mild Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1949, to 1/4, 1950, that I last saw the deceased alive on 1/4, 1950, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE Paul Haak (Degree or title) M.D. ADDRESS 8801 Colesville Silver Spring Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/7/50
NAME OF CEMETERY OR CREMATORY Warrenton Cemetery
LOCATION (City, town, or county) Warrenton, (State) Virginia

DATE REC'D BY LOCAL REG. 1/5/50.
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

00663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 hrs 32 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Rt. 2.

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) W (Last) Saunders
4. DATE OF DEATH (Month) 1 (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 18, 1899
9. AGE last birthday 50 yrs. If under 1 year Months 3 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY City Post Office
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Saunders
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT former adm.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 8 HRS

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic, Long standing, cardio vascular

(c) disease, obesity, and extreme Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Jan., 1950, to 2 Jan., 1950, that I last saw the deceased alive on 2 Jan., 1950, and that death occurred at 12:02 A.m., from the causes and on the date stated above.

SIGNATURE Linwood H. Johnson Jr. MD (Degree or title) ADDRESS Suburban Hosp. Bethesda Md DATE SIGNED 2 Jan. '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 4, 1950
NAME OF CEMETERY OR CREMATORY Geo. Wash. Memorial Cemetery
LOCATION (City, town, or county) (State) Riggs Rd., Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG. 1/3/50 1-23-50
REGISTRAR'S SIGNATURE ~~Frances Potter~~ Helen Kurvack Jr.
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Ga. Ave., SS. Md.

26695

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

00664

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 741 Sligo Ave-

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) (Last) Savidge
4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	single	Aug. 12, 1931	18 yrs.	5			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Beauty operator		Fort Raleigh, Kansas	U.S.

13. FATHER'S NAME: Earnest Savidge
14. MOTHER'S MAIDEN NAME: Pansy Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	511-28-5496	Earnest Savidge (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
971.5 Immediate cause (a) Acute Nephritis due to	
163d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bichloride of Mercury poisoning	10 days
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchart	M.D.	Gaithersburg Md	1-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	1-22-50	Abilene, Kansas	Abilene, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-23-50	Helen Kurrach	Robert A. Pumphrey	Bethesda, Md.

70069

VS. A15A

RECEIVED
JAN 25 1950
BUREAU V. S.

00665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp.	STREET ADDRESS (If rural, give location): 908 Elsworth Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Schultz	4. DATE OF DEATH (Month) (Day) (Year): January 3, 1950
5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Jan. 3, 1950 — 9. AGE last birthday: - yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- — 10b. KIND OF BUSINESS OR INDUSTRY: --	11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Larue Schultz	14. MOTHER'S MAIDEN NAME: Bettye Joe Beauchamp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.: --	17. INFORMANT AND ADDRESS: Mother's Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to circulatory failure

756.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital intestinal obstruction due to ?

157g (c) Atresia gangrene & abscess formation with rupture

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3 week Premature

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]	
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work [ ] Not While At work [ ]	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to Jan 3, 1950, that I last saw the deceased alive on Jan. 3, 1950, and that death occurred at 2:07a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip E. Jones	M.D.	Silver Spring, Md	1/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation	DATE: 1-3-50	NAME OF CEMETERY OR CREMATORY: Washington Sanitarium & Hosp.	LOCATION (City, town, or county): Takoma Park (State): Md.
DATE REC'D BY LOCAL REG.: 1/3/50	REGISTRAR'S SIGNATURE: J. Nelson Todd	24. FUNERAL DIRECTOR: Washington San. & Hospital,	ADDRESS: Takoma Park, Md

Written permission received from both parents. William Hyatt Librarian

2-0-1-03-0-28-3-40-5

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06666

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 733 Thayer Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 733 Thayer Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Hudson (Last) Scurlock

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: April 19, 1902

9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Haircutting

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Ellsworth Scurlock

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 234-07-1532

17. INFORMANT: Mrs. Gladys Petty - former wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instantaneous

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bouchard M.D. Gaithersburg Md 1-15-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 24 1950 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince George's Co., Md.

DATE REC'D BY LOCAL REG. Jan 24, 1950 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

70079

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00667

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park, Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 637 Morris Place NE

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) SMALL

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Wh.

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-24-1884

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Service Agency.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland. (Mont. Co)

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Small

14. MOTHER'S MAIDEN NAME: Martha Ellen Dwyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
531 Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s)	Generalized Arteriosclerosis	
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal Uremia and	1 week
	(c) Bronchopneumonia	1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to Jan 16, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Joe L. Meade M.D. Takoma Park 12, Md. 1-16-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Jan. 19-1950 NAME OF CEMETERY OR CREMATORY Columbia Gardens Cem. LOCATION (City, town, or county) Arlington (State) Va.

DATE RECD BY LOCAL REG. 1/16/50 REGISTRAR'S SIGNATURE John Doll

24. FUNERAL DIRECTOR Lee Bros. ADDRESS 300-4th St. N.E. Wash. D.C.

RECEIVED
JAN 20 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00668

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10003 Lorain Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10003 Lorain Avenue

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) ELLA (Last) SMITH

4. DATE OF DEATH (Month) Jan. (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 22, 1878
9. AGE last birthday 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Crownpoint, New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Dillion
14. MOTHER'S MAIDEN NAME Margaret Corcoran (son)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS B. L. Smith - 10003 Lorain Ave., Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 h.

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Jan, 1950, to 30 Jan, 1950, that I last saw the deceased alive on 29 Jan, 1950, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE Charles Thompson (Degree or title) ADDRESS 1746-K St. NW. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Transportation & Burial
DATE 2/2/50
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Denver, Denver Co. Colorado

DATE REC'D BY LOCAL REG. Jan 31/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

Pt. of Dr. Wm. Wardrop of
Silver Spring.

Pt. has been ill for 4 to yrs c
CNS symptoms. Pt. had incontinence of
feces & urine 25 Jan '50 — was seen by me
for Wardrop — Pulseless, cold etc.

expired at 12:10 AM 30 Jan.

Dr. ~~Brooks~~ Brobst notified per phone &
permission obtained from him to remove body.

Charles Thompson

RECEIVED
FEB 2 1950
U.S.
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06669

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, institution, or street address where death occurred: 6506 Fulton St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: W. Virginia County:
City or town: MARTINSBURG
(If outside city or town limits, write RURAL and give nearest town)
Street No. 425 W. MARTIN ST
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Clara Virginia Sponseller

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Edgar Randolph Sponseller
6.(c) If alive, give age: 81 years
7. Birthdate of deceased (mo., day, yr.): Jan. 27 1863

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
87	0	2		

9. Birthplace: BOLIVAR (Town, county, and state) W. VIRGINIA
10. Usual occupation: HOUSEWIFE.
11. Industry or business: —

FATHER
12. Name: ALFRED BURTON
13. Birthplace: PROVIDENCE R.I.

MOTHER
14. Maiden name: SARAH C. FAIR
15. Birthplace: VIRGINIA.

16. Informant: EDGAR R. SPONSELLER
Address: 6506 FULTON ST. CH.CH. MD.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: Jan. 29. 50 (month) (day) (year)
Cemetery or crematory: FAIRVIEW
Location: BOLIVAR W. Va.
18. Funeral director: The S. H. Hines Co.
Address: 2901 14th St. N.W. Wash D.C.
19. 1/29/50 (Date rec'd by registrar) 18. Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 28, 1950, at 10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24, 1949 to Jan. 28, 1950 and that I last saw h[illegible] alive on Jan. 26, 1950

Immediate cause of death	DURATION
Auricular fibrillation + Cardiac decompensation	2 days.
Due to: Arteriosclerotic Heart Disease	2 Years
Due to:	
Other conditions: None	

420.0
93d
(Include pregnancy within 3 months of death)
Major findings of operatives: None
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Luther L. Snyder M.D.
M. D. or other
Address: 915-19th St. N.W. Washington 6, D.C.
Date signed: 1/28/50

FILED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00670

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 5 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8500 Hazelwood Dr.	STREET ADDRESS (If rural, give location): 8500 Hazelwood Dr.

3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle) Emma	(Last) Stenzel	4. DATE OF DEATH	(Month) Jan. (Day) 30 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Apr. 14, 1870	9. AGE last birthday: 79 yrs.	If under 1 year: Months 9, Days 16; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Troy, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Julius Tetzlaff		14. MOTHER'S MAIDEN NAME: Otillia Guterian			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs. G. B. Anderson - Daughter			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Uremia

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Homeronephritis

(c) Coronary Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1944, 19—, to Jan 30, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 4 42 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Martinez	MD	4648 East 2 Ext Hwy.	Jan 31/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial - Transit	Jan 31, 1950	Grace Lawn Cemetery	Elkhart, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-31-50	Helen Kurvack	Robert A. Pumphrey,	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 2 1950
BUREAU V

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06671

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 7 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1326 12th St, NW,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Samuel	Randolph	STRANGE	1-27-50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Married	6-1-93	56 yrs.		26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housemann		Milwood, Clark CNTY, Va.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry William	Jenny Strange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI		XXXX Daughter: Katherien Hester, Laurel Creek, WVA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
493 X Immediate cause	(a) Massive hemorrhagic pneumonia	Unknown
Antecedent cause(s)		
109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXXX ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 27 JAN 19 50, to 27 JAN, 19 50, that I last saw the deceased alive on 27 JAN, 19 50 and that death occurred at 722A m., from the causes and on the date stated above.

SIGNATURE J.J. Dempsey LTJG (Degree or title) — ADDRESS U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED 30 Jan 1950

J.J. DEMPSEY LTJG, MC, USN

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-1-50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
30 Jan 1950	Elizabeth Willett	W.E. Jarvis, 1432 U Street, NW, Washington, D.C.

J.W.H. 53086

VS-A15

RECEIVED
JAN. 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00672

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookeville Md
LENGTH OF STAY (In this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookeville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) — (Last) Thompson

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 23-1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Keys

14. MOTHER'S MAIDEN NAME: Ida Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Florence Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 hr.

430.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J Bouchard M.D. Gaithersburg md 1-31-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Feb 4-1950 | NAME OF CEMETERY OR CREMATORY Mt Zion md | LOCATION (City, town, or county) Montgomery Co (State) md

DATE REC'D BY LOCAL REG. 2-2-50 | REGISTRAR'S SIGNATURE Gertrude B Fowler | 24. FUNERAL DIRECTOR Roy W Beall | ADDRESS Laytonsville

52086 Md

RECEIVED
FEB 6 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06673

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tawanda
STREET ADDRESS (If rural, give location) #5 Mix Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Marron (Last) TILDSLEY

4. DATE OF DEATH: (Month) 1-31-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-20-92

9. AGE last birthday: 57 yrs. If under 1 year: Months 1 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Colonel/Retired

10b. KIND OF BUSINESS OR INDUSTRY: USMarine Corps

11. BIRTHPLACE (State or foreign country): Natchez, Missippi

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ????? Tildsley

14. MOTHER'S MAIDEN NAME: Mary Marron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI & II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife:Dorthy Tildsley,same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1414R Immediate cause (a) Carcinoma, epidermoid, soft palate and tongue with widespread metastases — Interval Between Onset and Death: 6 yrs

Antecedent cause(s)

45C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage, internal, hypopharynx — 5 minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ XXX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 JAN., 19 50, to 31 JAN., 19 50 that I last saw the deceased alive on 31 JAN., 19 50 and that death occurred at 10:25P m., from the causes and on the date stated above.

SIGNATURE A.J. Delaney (Degree or title) ADDRESS A.J. DELANEY, Captain, (MC), U. S. Naval Hospital, Bethesda, Md. DATE SIGNED 3 Feb 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE 2-7-50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Natchez, Missippi

DATE REC'D BY LOCAL REG. 5 Feb 1950

REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler, 1756 Pennsylvania Avenue, NW, Washington, D.C.

L.P.E.

60896

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 6 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 JAN 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00675

Reg. Dist. No. 22-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium	STREET ADDRESS (If rural, give location): 2029 Luzerne Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Alonzo	Turner	January	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Jan. 11, 1912	38 34 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Policeman	Mont. Co. Police Dept.	Montgomery Co- Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry A. Turner	Maude I. Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	214-03-8089	Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial Infarction	2 days
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		

22. I hereby certify that I attended the deceased from Jan. 13, 1950, to Jan. 16, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John F. Braunsberger M.D.	Takoma Park - Maryland	JAN 18 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 19, 1950	Burtonsville Union Cemetery	Burtonsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/50.	J. Walton Dodd	Warner E. Pumphrey, Inc.	Silver Spring, Md.

60498

RECEIVED
JAN 21 1950
BUREAU V. S.

·06674

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 63 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) U S Naval Home

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) John (Last) TOBIN
4. DATE OF DEATH: (Month) 1-16-50 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 2-9-87
9. AGE last birthday: 62 yrs. If under 1 year Months: 11 Days: 7 If under 24 hrs. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioner
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Patrick John Tobin
14. MOTHER'S MAIDEN NAME: Mary Elizabeth McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Myocardial Infarction — Interval Between Onset and Death: 2 wks.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Dis. — Interval Between Onset and Death: Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 NOV, 1949, to 16, JAN, 1950, that I last saw the deceased alive on 16 JAN, 1950, and that death occurred at 9:20P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J.R. SHANAHAN, LTJG, MC, USN U. S. Naval Hospital, Bethesda, Md 18 Jan 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-20-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 18Jan1950
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers, 1400 Chapin St, NW Washington, D.C.

10497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66676

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights (Hyattsville P.O.)
STREET ADDRESS (If rural, give location) 5031 - 55th Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Priscilla		Tymm	Jan	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
F	W	Married	Oct. 27 1904	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Pennsylvania	U.S.A.

13. FATHER'S NAME Charles Wentz

14. MOTHER'S MAIDEN NAME Fannie Kookis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	--	Julius Tymm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxemia (Acute)	?
252.0 Antecedent cause(s) 638 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hyperthyroidism	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-3, 1950, to 1-16, 1950, that I last saw the deceased alive on 1-15, 1950, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Richard B. Thibadeau M.D.	Cedarcroft Sanitarium - Silver Spring Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN. 19, 1950	ARLINGTON NATL	ARLINGTON, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 20, 1950	Frances Potter	W.W. CHAMBERS COMPANY	RIVERDALE, MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

M

00677

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 170 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 4812 North 24th Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Thomas UNGER			4. DATE OF DEATH (Month) (Day) (Year): 1-25-50 19		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 4-17-76	9. AGE last birthday: 73 yrs.	If under 1 year: Months 9, Days 8; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist/Retired	10b. KIND OF BUSINESS OR INDUSTRY: U S Govt		11. BIRTHPLACE (State or foreign country): Hanover, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: John T. Unger			14. MOTHER'S MAIDEN NAME: Mary E. Lebo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SA War		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Wife: Angelina Unger, same address		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia

153x Antecedent cause(s) Cachexia

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno carcinoma of transverse colon recurrent with extensive metastasis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1949	19b. MAJOR FINDINGS OF OPERATION: CA of transverse colon	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8, AUG, 1949, to 25 JAN, 1950, that I last saw the deceased alive on 25, JAN, 1950, and that death occurred at 530A m., from the causes and on the date stated above.

SIGNATURE: F.L. Golbranson (Degree or title) F.L. GOLBRANSON, LTJG, MCR, USNR, ADDRESS: U. S. Naval Hospital, Bethesda, Md DATE SIGNED: 26 Jan 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1-30-50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 26 Jan 1950	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. Chambers, 3072 M St, NW, Washington, D.C.	ADDRESS

W.H.H.

32647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00678

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 100 Nicholson Street, NW

3. NAME OF DECEASED (Type or Print): (First) Max (Middle) (n) (Last) VOGT
4. DATE OF DEATH: (Month) (Day) (Year) 1-18-50 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-12-1878
9. AGE last birthday: 71 yrs. — If under 1 year: Months 9, Days 6, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: U S Navy
11. BIRTHPLACE (State or foreign country): Bavaria
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Vogt
14. MOTHER'S MAIDEN NAME: Louise Canthon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): SA
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wife: Minnie Vogt, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis, Coronary Artery — Interval Between Onset and Death: 6 days

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Hnme, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jan, 1950, to 18 Jan, 1950, that I last saw the deceased alive on 18 Jan, 1950, and that death occurred at 9:40P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W.A. Dinsmore Jr. W.A. DINSMORE JR, LCDR, MC, USN U. S. Naval Hospital, Bethesda, Md 19 Jan 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-23-50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 19 Jan 50
REGISTRAR'S SIGNATURE: Elizabeth Willet
24. FUNERAL DIRECTOR ADDRESS: P.J. Saffell, 475 H Street, NW, Washington, D.C.

A.M. Day 32697

RECEIVED
JAN. 20 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00679

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Lee Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 28 Lee Avenue

3. NAME OF DECEASED (Type or Print) (First) GOLDIE (Middle) E. (Last) VORAS

4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Mch. 13, 1889

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cyrus Waters

14. MOTHER'S MAIDEN NAME Leatha Stultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Miss Harriet M. Lorenzen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Found dead in bed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal & burial

DATE THEREOF Feb. 2, 1950

NAME OF CEMETERY OR CREMATORY Oakwood Cemetery, Cook County, Chicago, Illinois

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2/2/50

REGISTRAR'S SIGNATURE J. Wilton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

RECEIVED
FEB 6 1950
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00680

FILM No. G 123 JAN 17 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3 Ridge Rd. Calvin John.
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvin John Mont.
STREET ADDRESS (If rural, give location) 3 Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Haderman (Last) Waldecker

4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: 4-23-83 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): V

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Irvine Haderman

14. MOTHER'S MAIDEN NAME: Rose Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Essential Hypertension	5 yrs
	(c) Arteriosclerosis	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 6, 1946, to Jan 5, 1950, that I last saw the deceased alive on Dec 1, 1949, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. Herbert Bowersfield	M.D	912 R St NW.	Jan 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal.	1-5-50	Rock Creek	3004 4th St NE DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-5-50	Helen Kennedy	Lees Funeral Home.

RECEIVED
JAN 9 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00681

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville | LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Browningsville
STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Rebecca (Last) Watkins

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 4, 1874

9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Woodfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Singleton King

14. MOTHER'S MAIDEN NAME: Mary R. E. Burdette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: -- --

17. INFORMANT: Mrs Milton Burdette, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Gastro-intestinal hemorrhage	2 hours
181X Antecedent cause(s)		
52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of bladder - kidney disease	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left Nephrectomy

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1949, to Jan 4, 1950, that I last saw the deceased alive on Jan 4, 1950 and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph L. Nicholson, M.D. Damascus, Md Jan 5, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 6, 1950 | NAME OF CEMETERY OR CREMATORY: Bethesda Methodist | LOCATION (City, town, or county) (State): Browningsville, Md.

DATE REC'D BY LOCAL REG.: Jan 6 1950 | REGISTRAR'S SIGNATURE: Della N. Burdette | 24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

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RECEIVED
JAN 9 1950
BUREAU V. S.

00682

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place): 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 40 W. Washington St.	STREET ADDRESS (If rural, give location): 40 W. Washington St.

3. NAME OF DECEASED (Type or Print)	(First) Hattie	(Middle) M.	(Last) Webster	4. DATE OF DEATH	(Month) Jan.	(Day) 25	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Feb. 3, 1874	9. AGE last birthday: 75 yrs.	If under 1 year Months: 11	Days: 22	If under 24 hrs. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel J. Blake		14. MOTHER'S MAIDEN NAME: Almira Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Ethel W. Wright - Daughter	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction	2 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	10-15 years
	(c) Generalized arteriosclerosis, severe.	10-15 years.

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93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to Jan 25, 1950, that I last saw the deceased alive on Jan 25, 1950, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas A. N. Hendiman	M.D.	6 West Washington St., Kensington, Md.	1/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial-transit	1/29/50	Oakmound Cemetery	Sandwich	Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-28-50	Helen Kurvach	Robert A. Pyey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 31 1950
BUREAU V. S.

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00683

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 West Kirke

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 19 West Kirke St.

3. NAME OF DECEASED (Type or Print) (First) Clinton (Middle) Le Roy (Last) Wolcott

4. DATE OF DEATH (Month) Jan. (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 17 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patent Examiner
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't
11. BIRTHPLACE (State or foreign country) Lebanon, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Wolcott
14. MOTHER'S MAIDEN NAME Sarah Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.B. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute Coronary Occlusion	15 min.
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1949, to Jan. 15, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney C. Bonsiris M.D. 3921 Ingomar St. N.W. 1-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/17/50
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 1-16-50
REGISTRAR'S SIGNATURE Helen Hurwack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

10497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 19 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00684

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 33 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 809 Houston Avenue

3. NAME OF DECEASED (Type or Print)	(First) Harold	(Middle) Richard	(Last) WYLIE	4. DATE OF DEATH	(Month) 1-10-50 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 7-5-10	9. AGE last birthday: 39 yrs.	If under 1 year: Months 6, Days 5; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accontant	10b. KIND OF BUSINESS OR INDUSTRY: Interior Dept	11. BIRTHPLACE (State or foreign country): Philapdelphia.Penna	12. CITIZEN OF WHAT COUNTRY: US		
13. FATHER'S NAME: John W. Wylie		14. MOTHER'S MAIDEN NAME: Amy Gledhill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWLL	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Wife:Dolores Wylie, same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
162 Immediate cause	(a) Postoperative Shock	1 hour
Antecedent cause(s) 47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Bronchogenic	6 mos +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10 Jan 1950	19b. MAJOR FINDINGS OF OPERATION: Exploratory Thoracotomy - (Carcinoma Bronchogenic)	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9, DEC, 1949, to 10, JAN, 1950, that I last saw the deceased alive on 10, JAN, 1950, and that death occurred at 11:37A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J.M. HANNER, CDR, MC, USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 1-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan 12 50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington Virginia
DATE REC'D BY LOCAL REG.: 1-11-50	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. Chambers	ADDRESS: 1400 Chapin St, N.W. Washington, D.C.

21097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00685

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 813 Heron Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 813 Heron Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dee	Marcus	Wynn	Jan	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	March 11, 1927	22 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Asst. manager - Giffords	Ice Cream Parlor	Washington, D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph F. Wynn	Ruth C. Torreyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW 2	579 - 28 - 6252	Mrs. Ruth C. Tilley - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to gun shot	Instant death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) wound in skull	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	home	Silver Spring	Mont'y	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Jan 4 '50 4 P.m.		self inflicted shot gun wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	1-4-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/6/50	Arlington National Cemetery	Arlington,	Virginia

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/6/50	Frances Potter	Warner C. Pumphrey,	Silver Spring, Md.

156-71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JAN 9 1950
BUREAU V. S.